EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies)	San Diego		Fiscal Year:	2006-07
Program Workplan #	CY-7		Date:	2/28/06
Program Workplan Name	Wraparound Services		Page:	1 of 6
Type of Funding:	Full Service Partnership		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	113	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Petersor
Clier	t Capacity of Program/Service Expanded through MHSA:	113	Telephone Number:	(619) 563-2715

Client Capacity of Frogram/Service Expanded through Min	3A. 113	-	relephone Number.	(0.0) 000 20
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				Ψ
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0 \$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0 \$0
2. Personnel Expenditures	ψ.	\$	4 0	\$
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0 \$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0 \$0
3. Operating Expenditures	φ0	φ0	Ψ0	φ0
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				Φ0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenses (provide description in budget narrative)	\$0	\$0	\$0	<u>\$0</u> \$0
Program Management	φ0	90	Ψ0	
a. Existing Program Management				\$0
b. New Program Management				\$0 \$0
c. Total Program Management		\$0	\$0	<u>\$0</u> \$0
S. Estimated Total Expenditures when service provider is not known	\$1,900,000		ΨΟ	\$1,900,000
6. Total Proposed Program Budget	\$1,900,000		\$0	\$1,900,000
	\$1,300,000	40	Ψ0	ψ1,300,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$137,500			\$137,500
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$112,500			\$112,500
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$250,000	\$0	\$0	\$250,000
3. Total Revenues	\$250,000	\$0	\$0	\$250,000
C. One-Time CSS Funding Expenditures	\$210,885			\$210,885
D. Total Funding Requirements	\$1,860,885	\$0		\$1,860,885
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%
· · · · · · · · · · · · · · · · · · ·				

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies):	San Diego		Fiscal Year:	FY 06-07
Program Workplan #:	CY-7		Date:	2/28/06
Program Workplan Name:	Wraparound Services		Page:	2 of 6
Type of Funding:	Full Service Partnership		Months of Operation:	12
Proposed	Total Client Capacity of Program/Service:	113	New Program/Service or Expansion:	New
Exi	sting Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client Capacity of Pr	ogram/Service Expanded through MHSA:	113	Telephone Number:	(619) 563-2715

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
3					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Program Manager, Licensed	Manages Program and Staff		1.00		\$0
Family Service Coordinator, Licensed	Provides Mental Health Services		2.00		\$0
Family Service Coordinator, Unlicensed	Provides Mental Health Services		6.00		\$0
Mental Health Clinician, Unlicensed BA	Provides Mental Health Services		3.00		\$0
Unlicensed Consumer / Family Member	Support Services as Family/Youth Partners	5.00	5.00		\$0
Clerical & Other Support Staff	Provides Clerical Support		2.00		\$0
	c staffing for this program to best meet the prouting the properties of the properti				
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	5.00	19.00		<u>\$0</u> \$0
	Total New Additional Positions	5.00	19.00		\$0
C. Total Program Positions		5.00	19.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies): San Diego Fiscal Year: 2006-07 Page: 3 of 6
Program Workplan #: CY-7 Date: 02/28/06

Program Workplan Name: Wraparound Services

Type of Funding: 1. Full Service Partnership New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$1,900,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2006 - June 30, 2007.
B.2.a	\$137,500	If applicable, new revenues were estimated for EPSDT Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.c	\$112,500	If applicable, new revenues were estimated for EPSDT Medi-Cal (State General Fund) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.e	\$250,000	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$250,000	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.h).
С	\$210,885	One-Time CSS Funding Expenditures are the sum of the following:
	\$190,385	One-time CSS funding for start-up and implementation expenditures for this program are equivalent to 6 weeks of service operations. Our County has used this method before with new programs and based on our past experience the equivalent of 6 weeks of funding seems to be a sufficient amount for Contractors to purchase most of the equipment and supplies needed for a new program. The majority of start-up funds are budgeted to purchase equipment such as computer hardware, software, cell phones, copier, fax, furniture and other office equipment and transportation for clients (if needed). Additionally, these funds may be used to secure or expand office space. Implementation funds are also needed for program staff to recruit, hire, and train personnel and will be used to develop initial program outreach strategies to get this program up and running. These start-up costs will be expended in the first quarter of FY 06-07 between July 1, 2006 - September 30,2006.
	\$20,500	One-time CSS funding for Wraparound Training for the staff which will be expended in the first quarter of FY 06-07 between July 1, 2006 - September 30, 2006. This amount was based upon our research into the cost of this specific training for this program and the number of staff associated with it. This estimate is based on a per day training cost of \$2,050 (to include family / professional training team, site fees, technical assistance, refreshments, training materials) for 10 classes which would be for staff and families to attend on wraparound basics, wraparound skills building (2 day class), flexible fund training, wraparound and cultural competence (2 day class), integrating wraparound and dual diagnosis, conflict resolution, and family leadership/wraparound from a families perspective (2 day class).
D	\$1,860,885	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.
		Please note: San Diego is a SB 163 County with 200 wraparound slots of which we are now serving 26. We are proposing to expand this valuable partnership with Child Welfare Services through this workplan and will be using the MHSA-CSS dollars in the first year of this program and hence have not included SB163 revenues as part of these program costs. If required, we will include social service revenues in our annual update for FY 06-07 and FY 07-08.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	CY-7		Date:	2/28/06
Program Workplan Name: _	Wraparound Services		Page:	4 of 6
Type of Funding: _	Full Service Partnership		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	113	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client (Capacity of Program/Service Expanded through MHSA:	113	Telephone Number:	(619) 563-2715

a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues One-Time CSS Funding Expenditures Total Funding Requirements	\$137,500 \$112,500 \$250,000 \$250,000	\$0 \$0	\$0 \$0	\$112,50 \$112,50 \$250,00 \$250,00 \$1,650,00
b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues	\$112,500 \$250,000			\$112,50 \$1250,00 \$250,00
b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues	\$112,500 \$250,000			\$112,50 \$112,50 \$250,00
b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue	\$112,500 \$250,000			\$112,50 \$112,50 \$250,00
b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue	\$112,500			\$112,50 <u>\$</u>
b. Medicare/Patient Fees/Patient Insurance c. State General Funds				\$112,50
	\$137,500			
a. Medi-Cal (FFP only)	\$137,500			4.0.,0
		1		\$137,50
2. New Revenues				
h. Total Existing Revenues	\$0	\$0	\$0	:
g. Other Revenue				<u>:</u>
f. Grants				
e. County Funds				
d. State General Funds				
c. Realignment				
b. Medicare/Patient Fees/Patient Insurance				
a. Medi-Cal (FFP only)				
1. Existing Revenues				
Revenues				
6. Total Proposed Program Budget	\$1,900,000	\$0	\$0	\$1,900,0
5. Estimated Total Expenditures when service provider is not known	\$1,900,000			\$1,900,0
c. Total Program Management		\$0	\$0	
b. New Program Management				
a. Existing Program Management				
4. Program Management	Ψ0	Ψ	Ψ	
h. Total Operating Expenses (provide description in budget narrative)	\$0	\$0	\$0	
g. Other Operating Expenses (provide description in budget narrative)				
f. Medication and Medical Supports				
e. Rent, Utilities and Equipment				
d. General Office Expenditures				
c. Travel and Transportation				
b. Translation and Interpreter Services				
a. Professional Services				
d. Total Personnel Expenditures 3. Operating Expenditures	\$0	\$0	\$0	
c. Employee Benefits		•	00	
b. New Additional Personnel Expenditures (from Staffing Detail)				
a. Current Existing Personnel Expenditures (from Staffing Detail)				
2. Personnel Expenditures				
f. Total Support Expenditures	\$0	\$0	\$0	
e. Other Support Expenditures (provide description in budget narrative)				
d. Employment and Education Supports				
iv. Other Housing				
iii. Vouchers				
ii. Subsidies				
i. Master Leases				
c. Housing				
b. Travel and Transportation				
a. Clothing, Food and Hygiene				
Client, Family Member and Caregiver Support Expenditures				
Expenditures				
	Health Department	Agencies	Providers	Total
	County Mental	Other Governmental	Community Mental Health Contract	Total

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

	County(ies):	San Diego		Fiscal Year:	FY 07-08
Pro	gram Workplan # _	CY-7		Date:	2/28/06
Program	Workplan Name	Wraparound Services		Page:	5 of 6
	Type of Funding	Full Service Partnership		Months of Operation	12
	Proposed	Total Client Capacity of Program/Service:	113	New Program/Service or Expansion	New
	Exi	isting Client Capacity of Program/Service:	0	Prepared by:	Michelle Petersor
Cli	ient Capacity of Pr	ogram/Service Expanded through MHSA:	113	Telephone Number:	(619) 563-2715

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
3					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Program Manager, Licensed	Manages Program and Staff		1.00		\$0
Family Service Coordinator, Licensed	Provides Mental Health Services		2.00		\$0
Family Service Coordinator, Unlicensed	Provides Mental Health Services		6.00		\$0
Mental Health Clinician, Unlicensed BA	Provides Mental Health Services		3.00		\$0
Unlicensed Consumer / Family Member	Support Services as Family/Youth Partners	5.00	5.00		\$0
Clerical & Other Support Staff	Provides Clerical Support		2.00		\$0
	 ic staffing for this program to best meet the prog partners, case managers, outreach and rehabilite				
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	5.00	19.00		<u>\$0</u> \$0
	Total New Additional Positions	5.00	19.00		\$0
C. Total Program Positions	5.00	19.00		\$0	

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Fiscal Year: 2007-08 Page: 6 of 6

Program Workplan #: CY-7 Date: 02/28/06

Program Workplan Name: Wraparound Services

Type of Funding: 1. Full Service Partnership New Program/Service or Expansion: New

Line #	<u>Amount</u>	Description / Justification
A.5	\$1,900,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
B.2.a	\$137,500	If applicable, new revenues were estimated for EPSDT Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.c	\$112,500	If applicable, new revenues were estimated for EPSDT Medi-Cal (State General Fund) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.e	\$250,000	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$250,000	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.h).
D	\$1,650,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.
		Please note: San Diego is a SB 163 County with 200 wraparound slots of which we are now serving 26. We are proposing to expand this valuable partnership with Child Welfare Services through this workplan and will be using the MHSA-CSS dollars in the first year of this program and hence have not included SB163 revenues as part of these program costs. If required, we will include social service revenues in our annual update for FY 06-07 and FY 07-08.